Word Questions Pages 2 to 11

Screenshots Pages 12 to 436

OMB No.: 0925-XXXX Expiration Date: xx/xx/20xx

Collection of this information is authorized by The Public Health Service Act, Section 410 (285) and Section 412 (285a-1). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. In order to provide feedback on its tobacco cessation services, the National Cancer Institute has asked you to complete this voluntary survey.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

#### [on next webpage]

#### **INTRODUCTION:**

Thank you for taking time from your busy schedule to take part in this research. Your answers will be kept private to the extent provided by law – that is, your personal responses will not be traced to your name.

Make sure you are comfortable and can read the screen from where you sit.

The survey will take about 30 minutes to complete. We ask you to complete the survey in one sitting (without taking any breaks) in order to avoid distractions.

#### [on next webpage]

- 1. Have you smoked cigarettes at all, even a puff, in the last 7 days?
  - a. Yes [Ask 2 & 3, then skip to #6]
  - b. No [SKIP TO Q4]
- 2. On how many <u>days</u> of the past 7 days did you smoke cigarettes, even a puff? If you're not sure, give your best guess.

Type in number of days:

3. In the past 7 days, about how many cigarettes did you smoke on the days you smoked? If you're not sure, give your best guess.

Type in number of cigarettes:

- 4. Have you smoked cigarettes at all, even a puff, in the last 30 days?
  - a. Yes [Skip to #6]

- b. No [Go to #5]
- 5. Have you smoked cigarettes at all, even a puff, since your quit date?
  - a. Yes [If Yes, ask #6]
  - b. No [If No, skip to #7]
- 6. What is the <u>total number</u> of cigarettes you have smoked since your quit date? If you're not sure, give your best guess.
  - a. 1-2 cigarettes
  - b. 3-5 cigarettes
  - c. 6-10 cigarettes
  - d. More than 10 cigarettes
- 7. Since your quit date, have you: (SELECT ALL THAT APPLY)
  - a. Used dissolvable smokeless tobacco, e.g., sticks, strips, or orbs?
  - b. Smoked bidis, kreteks, or tobacco in a pipe?
  - c. Smoked flavored cigarettes?
  - d. Smoked menthol cigarettes?
  - e. Smoked flavored cigars?
  - f. Smoked tobacco out of a water pipe (also called a "hookah")?
  - g. Used snus?
  - h. Used an electronic cigarette?
  - i. None of the above
- 8. Since your quit date, did you do any of the following to help you stop smoking? (SELECT ALL YOU HAVE TRIED)
  - a. I did not try to quit since my quit date
  - b. Attended a program (i.e., in my community or school)
  - c. Called a help line or quit line
  - d. Used nicotine gum
  - e. Used nicotine patch
  - f. Used some other medicine to help quit
  - g. Visited an internet quit site
  - h. Downloaded a Smartphone application focused on helping people quit smoking
  - i. Got help from family or friends
  - j. I tried to quit but did something else
  - k. I tried to quit but did not do any of these things
- 9. On a scale from 1 to 10 with 10 being extremely motivated and 1 being not at all motivated, how motivated are you to continue working on quitting smoking right now? (check one)

1	2	3	4	5	6	7	8	9	10
Not at all									Extremely motivated

motivated					

[NOTE TO PROGRAMMER: If Q5 = no, ask 10a for those who have not smoked since their quit date. If Q5 = yes, ask 10b for those who have continued to smoke after their quit date.]

- **10a.** You just indicated that you have not smoked cigarettes at all, even a puff, since your quit date. Please choose the statement that best describes your level of motivation to stay quit:
  - a. I really want to stay quit.
  - b. I am thinking about starting smoking again.
  - c. I really want to start smoking again.
- **10b.** Please choose the statement that best describes your level of motivation:
  - a. I don't want to stop smoking
  - b. I think I should stop smoking but don't really want to
  - c. I want to stop smoking but haven't thought about when
  - d. I really want to stop smoking but I don't know when I will
  - e. I want to stop smoking and hope to soon
  - f. I really want to stop smoking and intend to in the next 3 months
  - g. I really want to stop smoking and intend to in the next month
- 11. Do you think that you will be smoking cigarettes one year from now?
  - a. Definitely yes
  - b. Probably yes
  - c. Probably not
  - d. Definitely not

Since your quit date of, which of the following did you use to help	Yes	No
you stay off cigarettes?		
12. Surrounded myself with others who support my quitting		
13. Anticipated and planned for times when I was tempted to smoke		
14. Reminded myself why I want to be smokefree		
15. Learned my smoking triggers so I could avoid them		

16. Avoided social situations that trigger my smoking	
17. Had a plan for how to respond when offered a cigarette	
18. Managed my stress so I wouldn't be tempted to smoke	
19. Arranged my daily routines to decrease my temptations to smoke	

Think about the last time you had a strong craving. Did you do any of the following?	Yes	No
20. Distracted myself by doing something else		
21. Asked a friend for support		
22. Used gum or mints to keep my mouth busy		
23. Found a smokefree place to go		
24. Waited for the craving to pass		
25. Exercised or did a physical activity		

	Not at all confident				Extremely confident
26. How confident are you that you will be able to stay off cigarettes for good?	0	1	2	3	4

# The next set of questions asks for your opinions about smoking.

	1	2	3	4	5
	Strongly		Neither		Strongly
	Disagree		disagree		Agree
			nor agree		
27. Smoking cigarettes helps people relieve	1	2	3	4	5
stress					
28. Cigarettes are good for dealing with	1	2	3	4	5
boredom					
29. Smoking picks a person up if they are feeling	1	2	3	4	5
down					
30. When a person is angry, cigarettes can help	1	2	3	4	5

them calm down			

# If you are trying or have tried to quit smoking, to what extent do you agree/disagree with the following 8 statements for you?

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
31. There are people or resources I can count on for emotional support.	1	2	3	4	5
32. I am pretty much on my own.	1	2	3	4	5
33. There are people or resources who can help me find out the answers to my questions.	1	2	3	4	5
34. I have been overwhelmed by the amount of information on quitting smoking.	1	2	3	4	5
35. The information I get on quitting smoking is easy to understand.	1	2	3	4	5
36. I have found it easy to get the information on quitting smoking that I need.	1	2	3	4	5
37. I have the skills and knowledge needed to quit smoking successfully.	1	2	3	4	5
38. The resources (things I can read, people I can talk with) that I have had for quitting smoking have been helpful to me.	1	2	3	4	5

When I am upset, I believe that	Strongly	Disagree	Neither	Agree	Strongly
	Disagree		agree nor		agree
			disagree		
39. I can usually find a way to cheer	1	2	3	4	5
myself up					
40. Telling myself "it will pass" will calm me	1	2	3	4	5
down					
41. I can forget about what's upsetting me pretty easily	1	2	3	4	5

In the last 30 days, how often have you felt	Never	Almost Never	Sometimes	Fairly Often	Very Often
42that you were unable to control the important things in your life?	0	1	2	3	4
43confident in your ability to handle your personal problems?	0	1	2	3	4
44that things were going your way?	0	1	2	3	4
45that difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

- 46. During the past month, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some of your usual activities?
  - a. Yes
  - b. No
  - c. Not sure
- 47. Have you ever texted back the message "STOP" to stop the QuitTXT program?
  - a. Yes
  - b. No
  - c. Not sure

If respondent says yes to opting out (above), go to next two questions. If respondent says no or not sure, skip next two question. UPDATE THESE INSTRUCTIONS FOR EACH FOLLOW UP SURVEY USING QUESTION NUMBERS AND VARIABLE LABELS.

- 48. In your own words, please explain why you decided to stop the program. [verbatim text, allow 100 characters]
- 49. On average, about how many text messages would you say you received from QuitTXT each week?
  - a. 0-4
  - b. 5-9
  - c. 10-14
  - d. 15-20
  - e. 20 or more
  - 50. Of those text messages you received, about how many did you read each week?
    - a. All
    - b. Most
    - c. Some
    - d. A few
    - e. None
  - 51. How do you feel about the number of texts you received? Was it (choose one):
    - a. Too many
    - b. Too few
    - c. Just right

	Not at all	A little bit	Some	A good deal	A lot
How much did QuitTXT messages help you:					
52. stay smokefree	0	1	2	3	4
53. overcome my cravings	0	1	2	3	4
54. manage my moods	0	1	2	3	4
55. feel supported in my quit attempt	0	1	2	3	4
56. feel confident about my quit attempt	0	1	2	3	4
57. stay motivated to quit	0	1	2	3	4

	Yes	No
Have you received any of the following types of messages?		
58a. Quit date reminders (e.g. 1 week until quit day!)		
59a. Mood assessments (e.g. How are you feeling today?)		
60a. Craving assessments (e.g. Any cravings today?)		
61a. Smokefree status (e.g. Are you still quit?)		
62a. Motivational messaging (e.g. Keep on keeping on. Don't look back now.)		
63a. Smokefree Tips (e.g. Try grapes, carrots, or gum if you need something in your mouth.)		
64a. Smokefree Facts (e.g. Quitting smoking improves your night vision.)		
65a. Keywords (e.g. Crave, Mood, Slip)		

For the next set of questions, ask only if respondent says YES to the corresponding questions 58a-65a. If #58a=No, skip #58; #59a=No, skip #59; #60a=No, skip #60; #61a=No, skip #61; #62a=No, skip #62; #63a=No, skip #63; #64a=No, skip #64; #65a=No, skip #65

How useful were the following types of messages in helping you stay smokefree?  0 (Not at all useful) - 4 (extremely useful)	Not at all useful				Extremely useful	
58. Quit date reminders (e.g. 1 week until quit day!)	0	1	2	3	4	
59. Mood assessments (e.g. How are you feeling today?)	0	1	2	3	4	
60. Craving assessments (e.g. Any cravings today?)	0	1	2	3	4	
61. Smokefree status (e.g. Are you still quit?)	0	1	2	3	4	

SFTXT – Attachment 15: 6 Week (End of Treatment) Questionnaire & Screenshots

62. Motivational messaging (e.g. Keep	0	1	2	3	4	
on keeping on. Don't look back						
now.)						
63. Smokefree Tips (e.g. Try grapes,	0	1	2	3	4	
carrots, or gum if you need something						
in your mouth.)						
64. Smokefree Facts (e.g. Quitting smoking	0	1	2	3	4	
improves your night vision.)						
65. Keywords (e.g. Crave, Mood, Slip)	0	1	2	3	4	

	0	1	2	3	4
	Not at all useful				Extremely useful
66. Overall, how useful did you find the	0	1	2	3	4
QuitTXT program as a quit smoking aid?					

	Not at all likely				Extremely likely
67. How likely would you be to recommend the	0	1	2	3	4
QuitTXT program to a friend or family					
member?					

- 68. About how much do you weigh without shoes? \_\_\_\_ pounds
- 69. How would you describe your weight over the past month?
  I have been losing weight
  I have been gaining weight
  I have stayed the same
- 70. Right now do you feel you are...OverweightSlightly overweightUnderweight

Slightly underweight
Just about the right weight for you

:It seems you have skipped the following questions

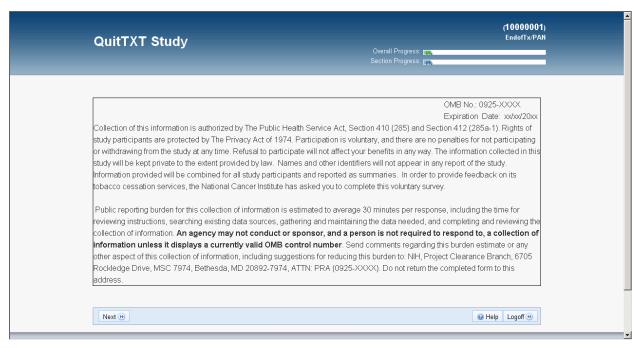
DISPLAY SKIPPED QUESTIONS HERE. INCLUDE "SKIP" AS A RESPONSE OPTION

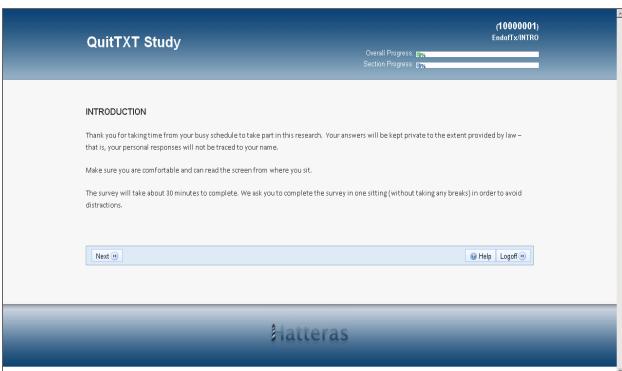
If you skipped these questions by mistake, please click on the question to complete it .now

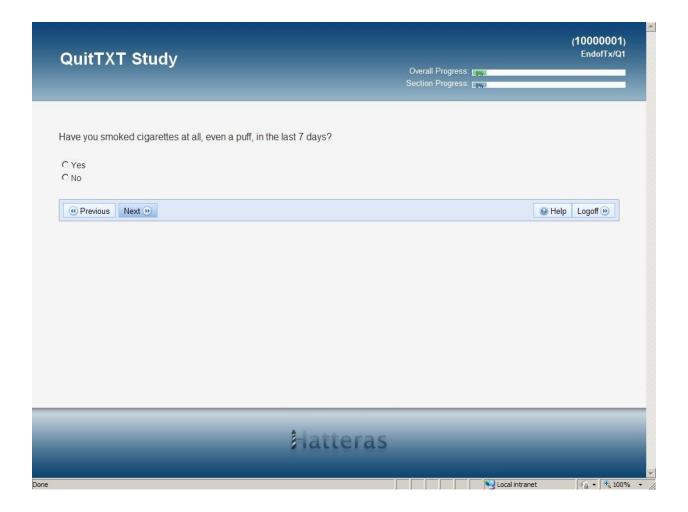
If you meant to skip the question, please select "I prefer not to answer" next to the question

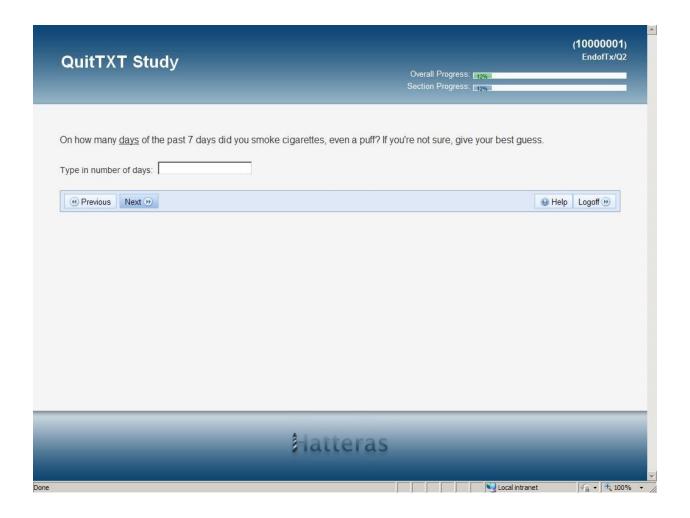
#### :CCONCLUSION

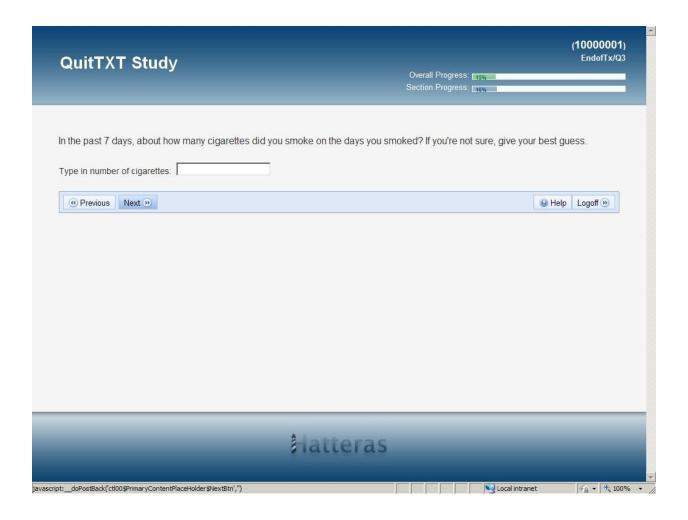
This is the end of the survey. To retrieve your gift card for this survey click here [insert link to claim gift card]. We also will send you an email that will contain the link to the gift card if you would like to claim it at a later time. We will send you an email about 3 months from now asking you to complete a follow-up survey about your experiences with the program and cessation

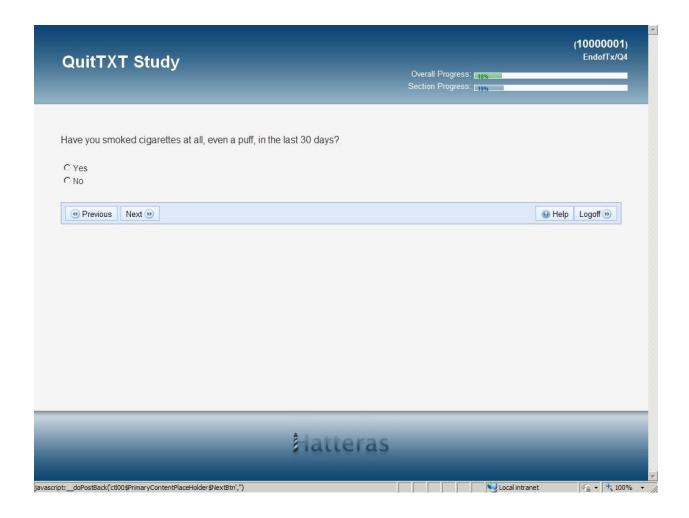


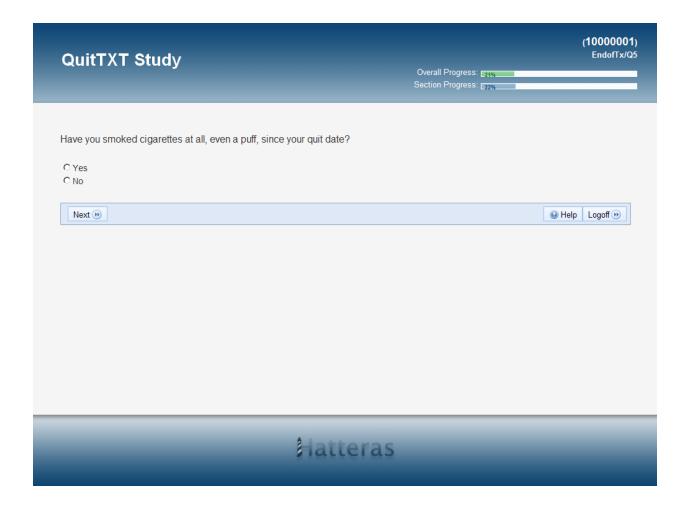


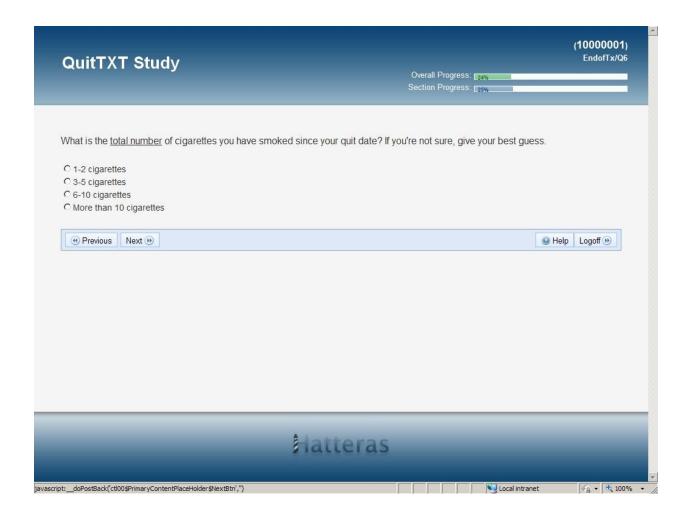


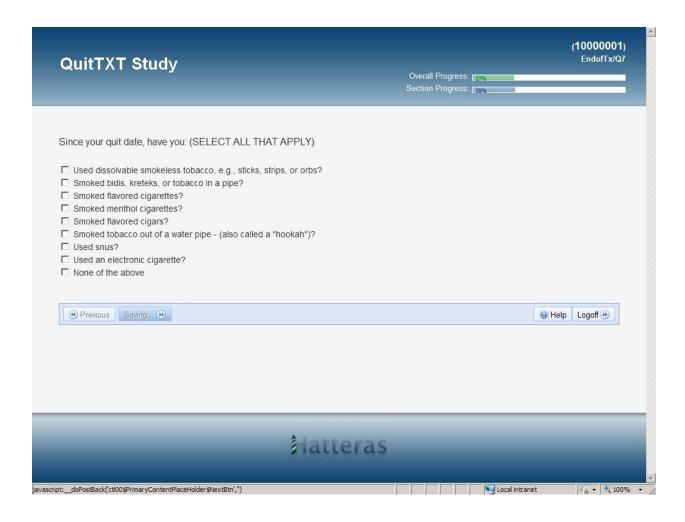


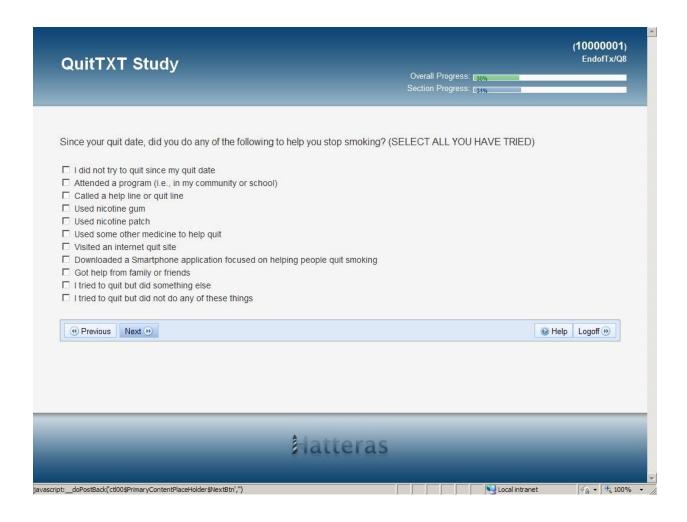


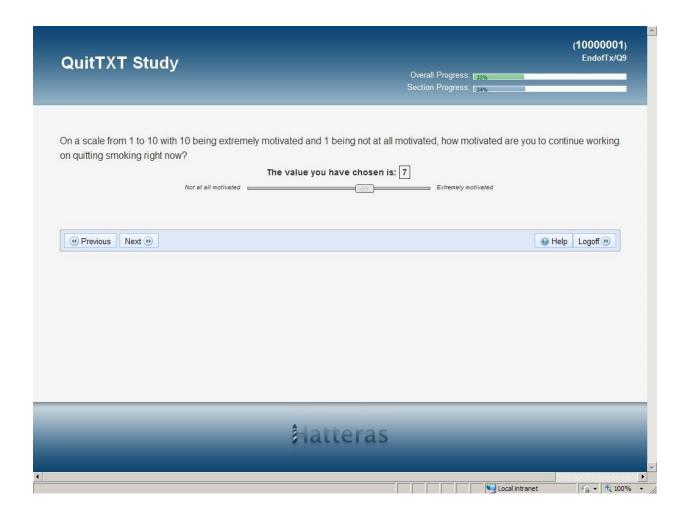


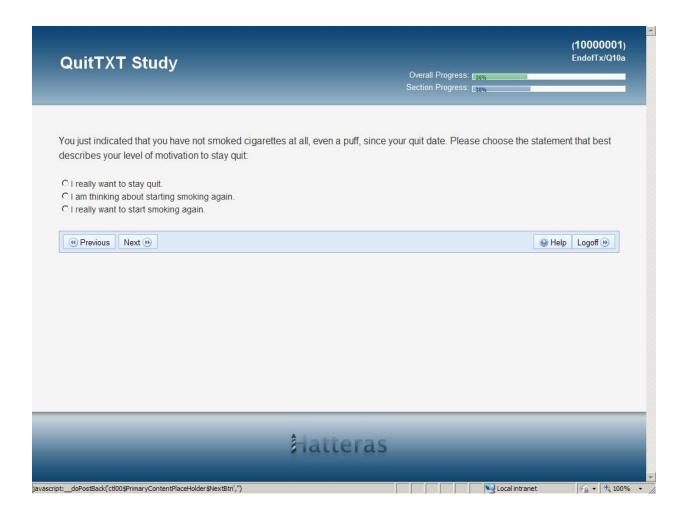


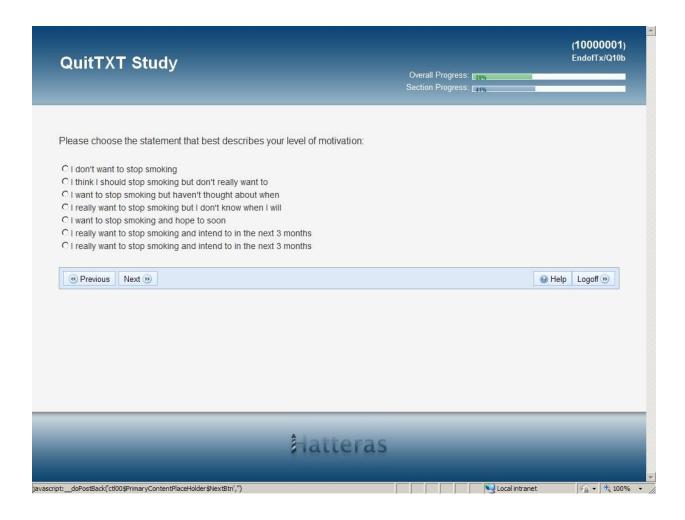


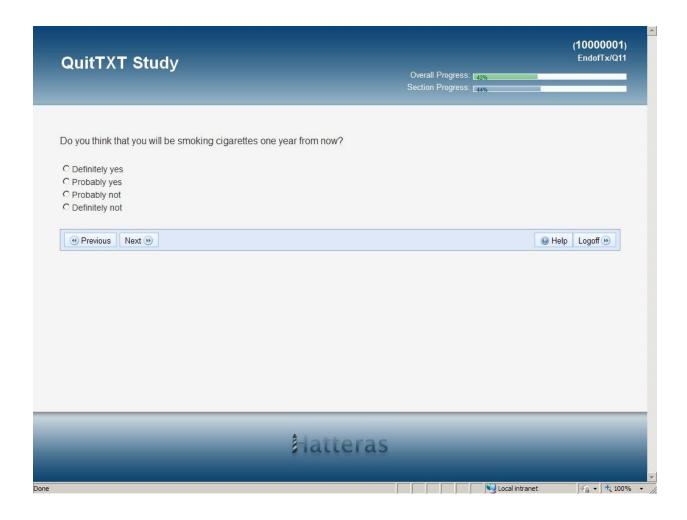


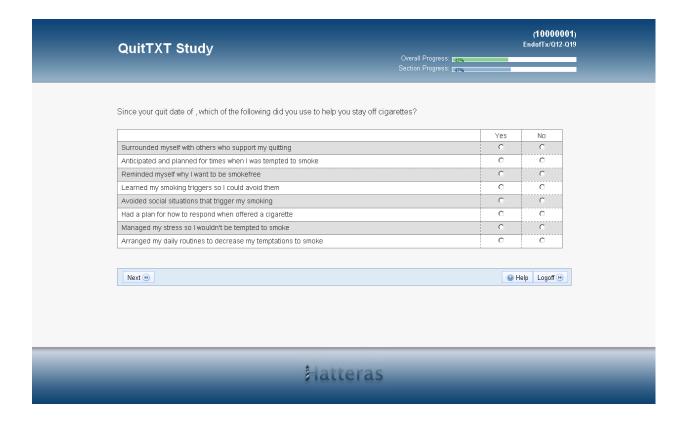


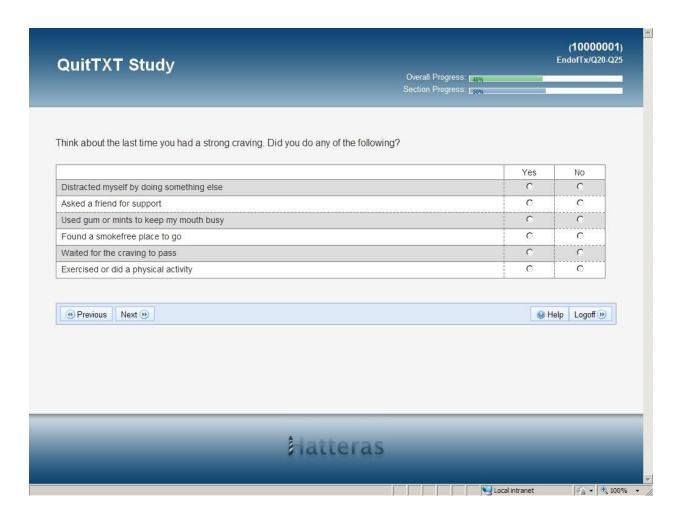


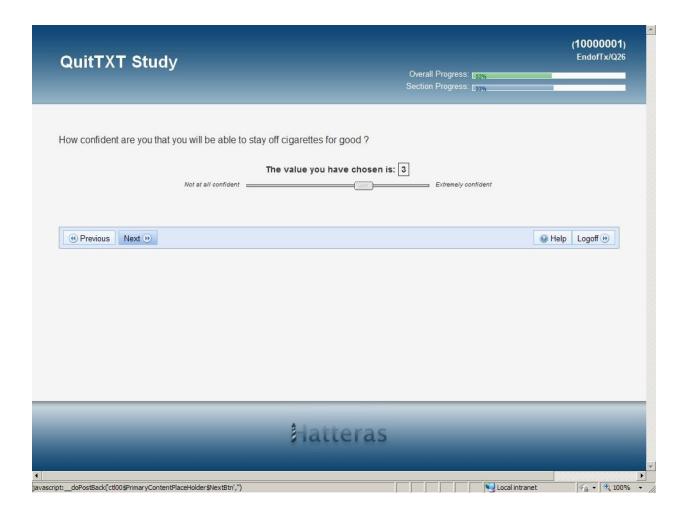


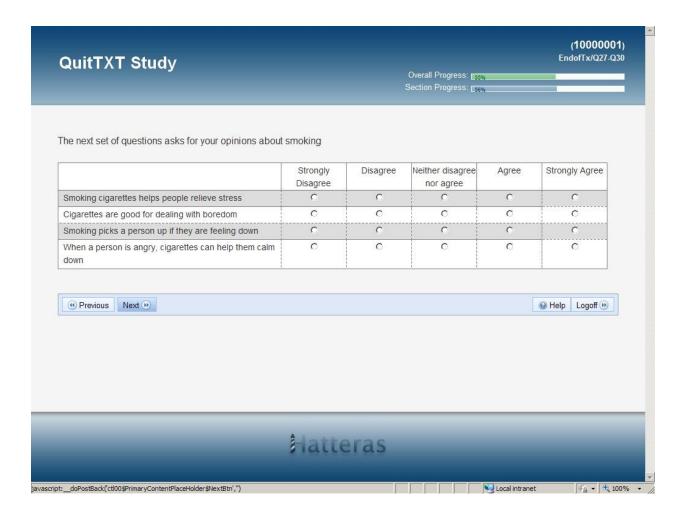


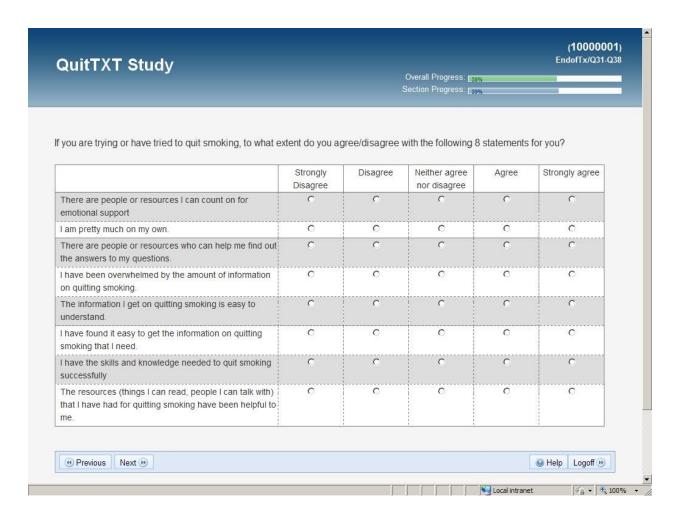


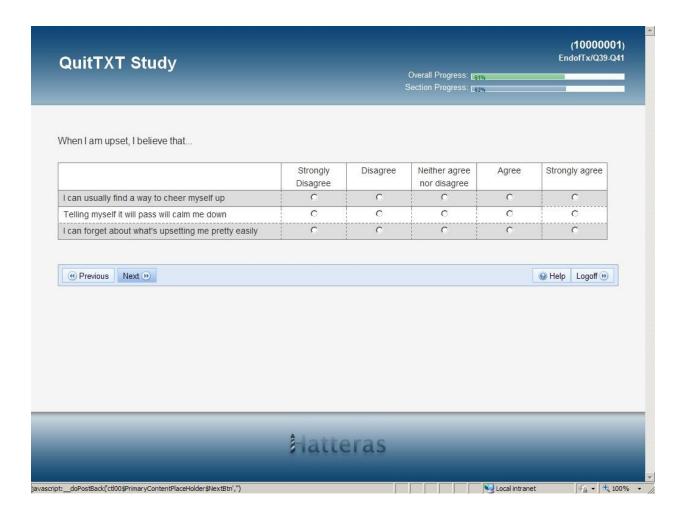


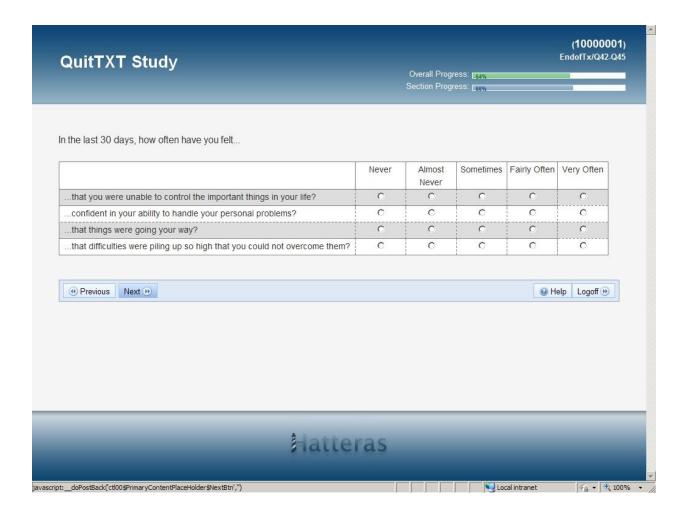


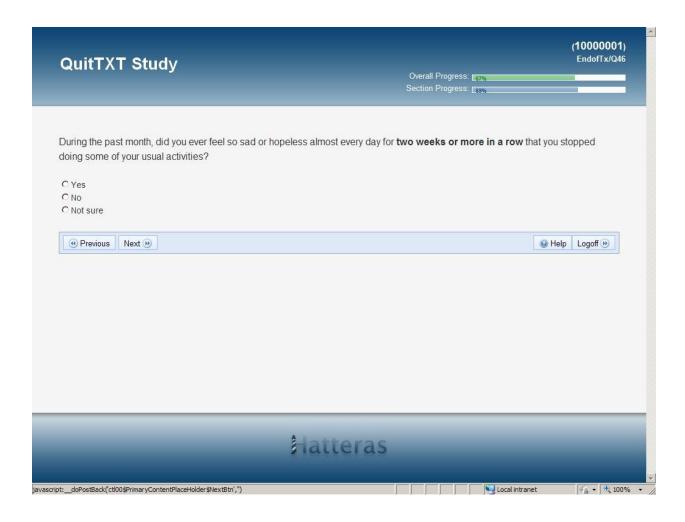


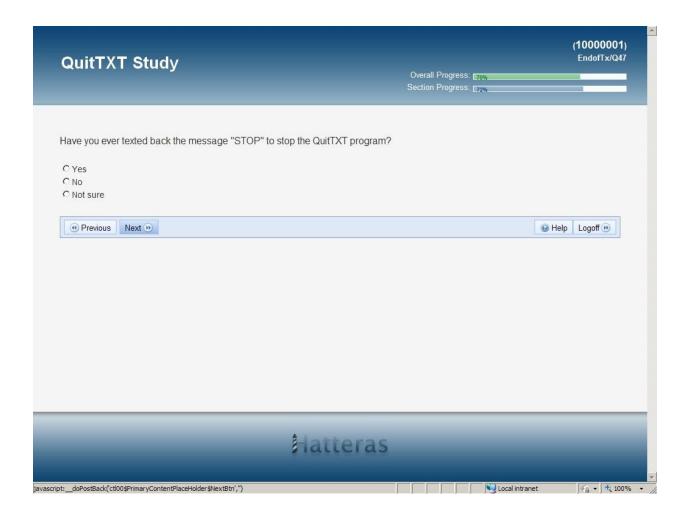


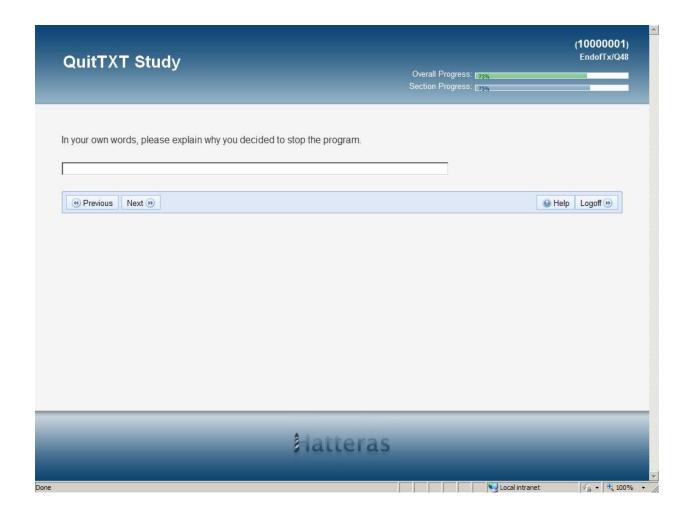


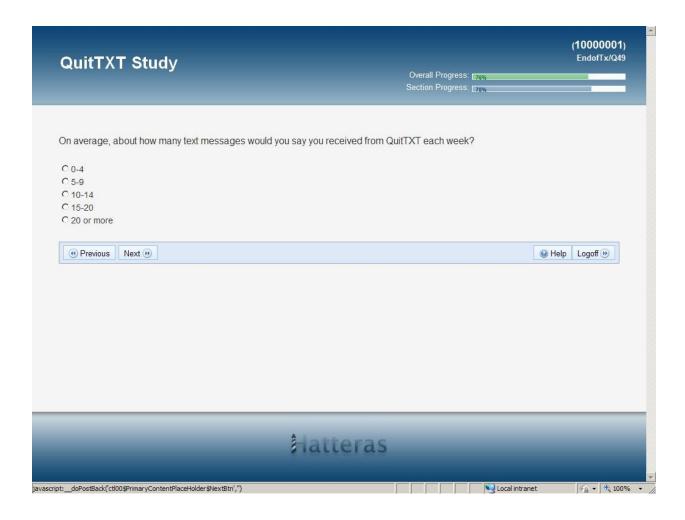


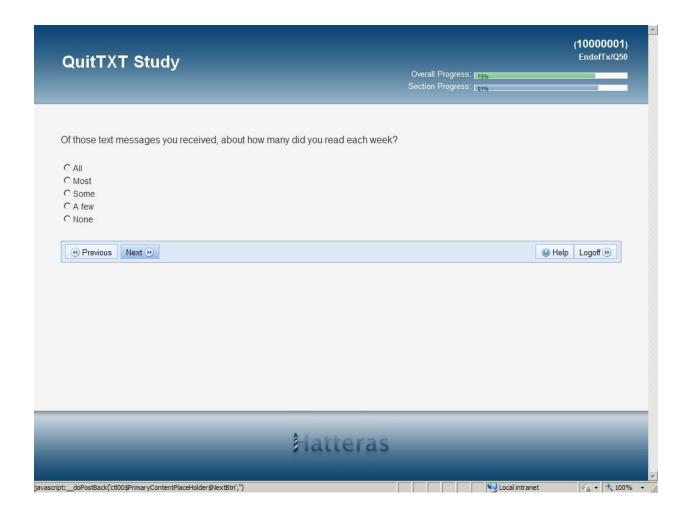


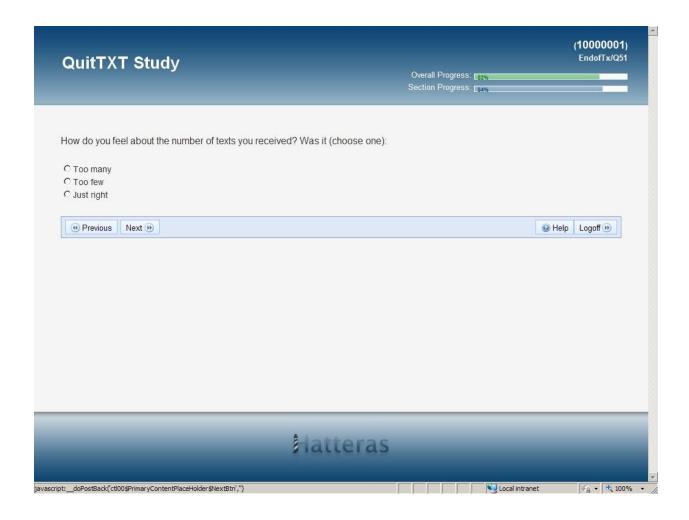


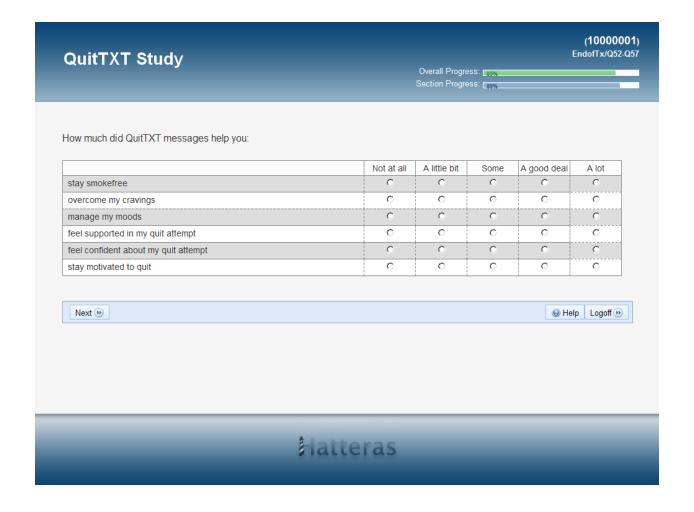


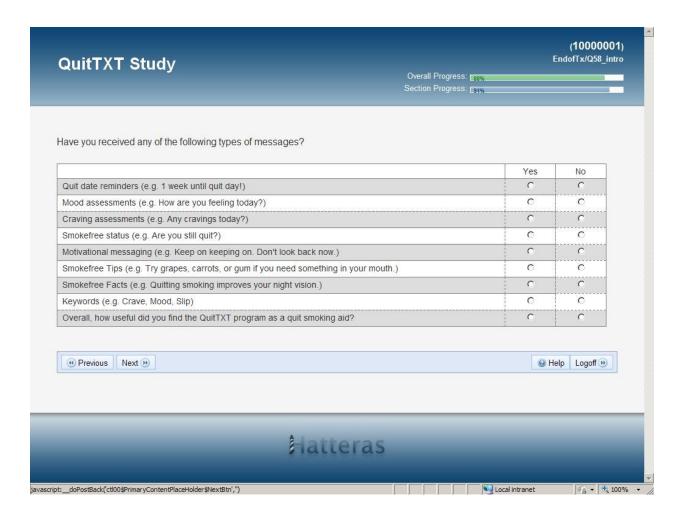


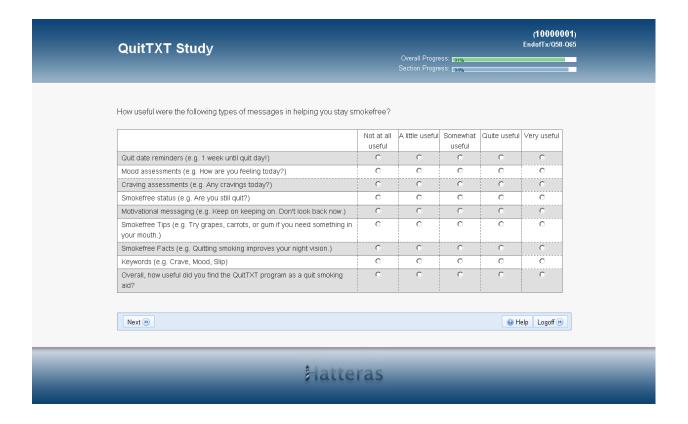












QuitTXT Study	Overall Progress: [54% Section Progress: [57%	(10000001) EndofTx/Q67
How likely would you be to recommend the QuitTXT program to a friend or fami  The value you have chosen  Not at all likely	Extremely likely	Logoff (N)
Previous Next Description Next Descripti		Logoff (b)
<b>∢</b>   Done	S Local intranet	▼ • • 100% ·
QuitTXT Study	(1000000 Endoffx/0r Overall Progress: [598] Section Progress: [598]	
About how much do you weigh without shoes?  pounds  Previous Next 19	<b>W</b> Help Logoff <b>W</b>	
}\atteras		

